

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA

PITT COUNTY

OFFICE OF REGISTER OF DEEDS

CERTIFICATE OF BIRTH

Name : \_\_\_\_\_ WASHINGTON

Birth Date : [REDACTED] 1982 Birth Place : PITT

Sex : Male

Father's Name : KENNETH RAY WASHINGTON

Father's Birth Place : INDIANA

Age/Birth Date : 23

Mother's Maiden Name : RHONDA RENEE BELL

Mother's Birth Place : NEW HANOVER CO NC

Age/Birth Date : 22

Date Filed : 02/11/1982

Book : 68

Page : 322

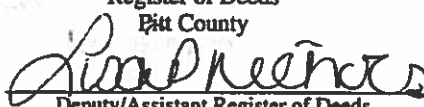
Date Amended : 05/26/1982 - DECEASED PER BVS VOL 68 PAGE 150

This is to certify that this is a true and correct abstract of the official record filed in this office.

074-090761

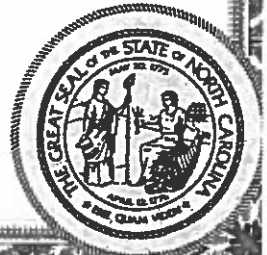
Witness my hand and official seal

this the 5 day of November 2008

Judy J. Tart  
Register of Deeds  
Pitt County  
By:   
Deputy/Assistant Register of Deeds

Any alteration or erasure voids this certificate. Do not accept unless on security paper with seal clearly embossed in left corner.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NORTH CAROLINA  
PITT COUNTY  
OFFICE OF REGISTER OF DEEDS

Registration District No. 074-90 Local No. 150

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH  
CERTIFICATE OF DEATH

Type, or print in permanent black ink

1. Name of Deceased: First Washington Middle Washington Last Washington Sex Male Date of Death (Month, Day, Year) February 3, 1982

2. Color or Race Black State of Birth (If not U.S.A., give Country) N. C. County of Birth Pitt Date of Birth (If not in either, give Street and Number) 1982 Age (in Years, Last Birthday) 7 11 under 1 year Months 32 11 under 24 hours Hours 32

3. Place of Death - County Pitt City or Town Greenville Name of Hospital or Institution (If not in either, give Street and Number) Pitt Co. Memorial Hospital 11. Hosp. or Inst. (Specify Dept., Emer. Rm., Intensive Care, etc.) IP Inside City Limits (Yes or No) Yes

4. Residence - State N. C. County Onslow City or Town Jacksonville Street and Number or R.F.D. & Box No. 17-F Brynn Marr Village Inside City Limits (Yes or No) Yes

5. Citizen of What Country? USA 11. Married, Never Married, Widowed, Divorced (Specify) Never married 12. Surviving Spouse (If Wife, Give Maiden Name) Rhonda Renee Bell

6. Social Security Number 13. Usual Occupation (Kind of work done during most of life, even if retired) Infant 14b. Kind of Business or Industry 15. No Was Decedent Ever in U.S. Armed Forces (Yes or No)

16. Father's Name Kenneth Ray Washington 17. Mother's Maiden Name Rhonda Renee Bell

18. Informant's Name and Address Hospital Records Relation to Deceased 18b.

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c) Approximate Interval Between Onset and Death

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.

(a) Immediate Cause: Prematurity

(b) Due to, or as a consequence of: Severe Pre Eclampsia

(c) Due to, or as a consequence of: Hydatidiform mole

19. PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a. Autopsy? (Yes or No) 20b. If yes, were findings considered in determining cause of death 20c. Was case referred to Medical Examiner (Yes or No) 21. Time of Death 6:15 P.M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

Name and Title of Certifier (Type or Print) Melvin Henderson, M. D. Address Greenville, North Carolina

23a. Signature of Certifier Melvin Henderson, M.D. Date Signed 2/11/82

23b. Burial, Cremation, Other (Specify) Disposal Date 2-4-82 Name of Cemetery or Crematory Pitt County Memorial Hospital Location (City, Town or County) Greenville, N. C. (State)

24a. Funeral Home Pitt Co. Memorial Hospital, Greenville, NC 24b. Signature of Funeral Director 24c. License No. 25.

Date Rec'd by Local Reg. FEB 11 1982 Signature of Registrar Robert Chinger, M.D. Signature of Embalmer (If embalmed) 26. License No. 27.

Volume 94 Page ---  
This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

074-073120

Witness my hand and official seal

this the 5th day of November 20 08

DHHS 3914 (REVISED 2006) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Vital Records seal clearly embossed in left corner.

Case 7:19-cv-00112-BO Document 32-2 Filed 12/30/19 Page 2 of 2

Judy J. Tart  
Register of Deeds  
Pitt County

By [Signature]  
Deputy/Assistant Register of Deeds

